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## STATEMENT OF

| FEC<br>FORM 1  | ORGANIZATION |   |  |  |             | Offic       | e Use Only      |               |
|--|--------------|---|--|--|-------------|-------------|-----------------|---------------|
| NAME OF COMMITTEE (in                                      | n full)      | (Check if name is changed)                    | Example: If typoover the lines.              | ing, type  | 12FE        |             |                 |               |
| BUSINESS I   | LEADE        | RS FOR THE AL                                 | DVANCEMEN                                    | NT OF S  | PACE        | TECH        | NOLOG           | SY PAC        |
| ADDRESS (number and street)  (Check if address is changed) |              | C/O Spangler Strategic A                      | dvisors                                      |  |             |             |                 |               |
|  |              | 700 12th ST NW Suite 700  Washington          |  |  |             | 20008       | 5               |               |
|  |              |   | CITY   |  | STATE       |             | ZIP COD         | DE            |
| COMMITTEE'S E-MA   | address      | S (Please provide only one BLASTPac@gmail.com | e e-mail address)                            |  |             |             |                 |               |
| COMMITTEE'S WEB  | 3 PAGE ADD   | RESS (URL)                                    |  |  |             |             |                 |               |
| (Check if is change  |              |   |  |  |             |             |                 |               |
| 2. DATE 0  |              | 2012  |  |  |             |             |                 |               |
| 3. FEC IDENTIFIC   | CATION NU    | MBER C  | C00483040                                    |  |             |             |                 |               |
| 4. IS THIS STATE   | MENT         | NEW (N) OR                                    | × AME  | NDED (A)   |             |             |                 |               |
| I certify that I have o                                    | examined thi | is Statement and to the be                    | est of my knowledge                          | and belief it                                    | is true, co | rrect and c | complete.       |               |
| Type or Print Name   | of Treasurer | Mr. Thomas M Spangler                         | <u>                                     </u> |  |             |             |                 |               |
| Signature of Treasure                                      | [Electronic  | cally Filed]                                  | Date   | 03   | 16          | 2012        |                 |               |
| NOTE: Submission of  |              | ous, or incomplete information                |  |  |             | •           | enalties of 2 l | U.S.C. §437g. |
| Office<br>Use  |              |   |  | information co<br>ction Commissio<br>00-424-9530 |             |             | EC FOR          |               |